FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

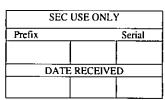
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

1388	3095
OMB A	PPROVAL
OMB Number	3235-0076
Expires:	April 30, 2008
Estimated avera	ge burden

hours per response 16.00



		
Name of Offering (check if this is an amendment and name has change	d, and indicate change	e.)
Limited Partnership Interest Offering		GEO
Filing Under (Check box(es) that apply): Rule 504 Rule 505	☑ Rule 506	□ Section 4(6) Main Fibe Essing
Type of Filing: ☐ New Filing ☑ Amendment		Sections
Type of Fining. Directioning Direction		Gection G
A. BASIC IDENTIFI	CATION DATA	APD + 1 Mgg
1.Enter the information requested about the issuer		APR 112008
Name of Issuer (check if this is an amendment and name has changed, and	indicate change.)	·
Sustainable Woodland; Fund II, L.P.		Washington
Address of Executive Offices (Number and Street, City, State, Zip Code)		Telephone Number (Including Area Code)
4265 San Felipe, 8th Floor, Houston, Texas 77027		713-993-4675 VOT
Address of Principal Business Operations (Number and Street, City, State, Zip Code	e)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business:		
offer Description of Busiress:		DD0.0===
Investment fund		PHOCESSED
Type of Business Organization		
☐ corporation ☐ limited partnership, already formed	Other (please spe	ecify
□ business trust □ limited partnership, to be formed	, ,	7 AIR 1 0 2000
Month Year		THOMSON
Actual or Estimated Date of Incorporation or Organization: 05 2006	Actual	Estimated FINANCIAI
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service ab		
CN for Canada; FN for other foreign	jurisdiction)	DE

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Requested: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the view of disposition of, 10% or more of a class of equity securities of the issuer; • Each beneficial owner having the power to vote or disposition of partnership issuers; and • Each general and managing partner of partnership issuers. Check Bux(es) that Apply: Promoter Beneficial Owner Executive Officer Orector General and/or Managing Partner Full Name (Last name first, if individual) Sherman, A. Haug Basiness or Residence Address (Number and Street, City, State, Zip Code) 426 San Felipe. Bith Floor, Houston, Texas 77027 Check Bux(es) that Apply: Promoter Beneficial Owner Executive Officer Orector General and/or Managing Partner Full Name (Last name first, if individual) Liyle. Bob Basiness or Residence Address (Number and Street, City, State, Zip Code) 426 San Felipe. Bith Floor, Houston, Texas 77027 Check Bux(es) that Apply: Promoter Beneficial Owner Executive Officer Orector General and/or Managing Partner Full Name (Last name first, if individual) Liyle. Bob Basiness or Residence Address (Number and Street, City, State, Zip Code) 543 North State Street, Jackson, Mississippi 39202. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Orector General and/or Managing Partner Full Name (Last name first, if individual) Sustainable Woodland: Partners, L.L. C. Business or Residence Address (Number and Street, City, State, Zip Code) 119 South President Street, 2 nd Floor Jackson, Mississippi 39201 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) McCree, Michael T. Full Name (Last name first, if individual) McCree, Michael T. Full Name (Last name first, if individual) McCree, Michael T. Full Name (A RASIC II	DENTIFICATION DATA		
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Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of expressing partners of partnership issuers; and the Each general and managing partners of partnership issuers. Check Box(ex) that Apply:				
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Each general and managing partner of partnership issuers. Check Box(es) that Apply:	• Each promoter of the issuer, if the issuer has been organized within the	past five years;		
* Each general and managing partner of partnership issuers. Check Box(es) that Apply:	 Each beneficial owner having the power to vote or dispose, or direct the 	vote or disposition of, 10% or	more of a class of equit	y securities of the issuer;
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Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner	•	•		
Full Name (Last name first, if individual)		☑ Executive Officer	☑ Director	
	Full Name (Last name first, if individual)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

(Number and Street, City, State, Zip Code)

Winstead, Terrell

Business or Residence Address

654 North State Street, Jackson, Mississippi 39202

		-,,		В.	INFORMA	ATION ABO	OUT OFFER	ING				
											YES	NO
i. Has ti	ne issuer sol	d, or does th	ne issuer inte	end to sell, to	non-accred	lited investo	ors in this of	fering?				Ø
	A	nswer also i	n Appendix,	Column 2, i	f filing und	er ULOE.						
2. What	is the minin	num investn	nent that wil	l be accepted	from any i	ndividual?	\$2,0	000,000, sub	ject to waiv	er by the Ge	neral Partne	r
											YES	МО
3. Does	the offering	permit join	townership	of a single u	iit?	***************************************	***************************************			•••••		Ø
or s is a brol	imilar remui associated ker or dealer	neration for person or a	solicitation gent of a bro	n person who of purchasers oker or dealer persons to be only.	in connect registered	ion with sal with the SE	es of securit C and/or wit	ies in the of th a state or	fering. If a states, list th	person to be ne name of the	listed ne	
Full Nan Wells Fa	ne (Last nam rgo	ne first, if in	dividual)									
			Number and osa, CA 954	l Street, City. 01	State, Zip	Code)						
Name of Rick Rol	Associated binson	Broker or D	ealer									
States in	Which Pers	on Listed H	as Solicited	or Intends to	Solicit Pur	chasers						
(Ch	eck "Ail Sta	tes" or chec	k individual	States						•••••	🗆 All Sta	ites
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	(AZ] (IA) (NV) (SD)	[AR] [KS] [NH] [TN]	[CA]✓ [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	(CT) (ME) (NY) [VT]	(DE) (MD) (NC) (VA)	[DC] [MA] [ND] [WA]	(FL) (MI) (OH) (WV)	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nan Wells Fa	ne (Last nam rgo	ne first, if in	dividual)									
			Number and ings, Nebras	l Street, City ska 68901	State, Zip	Code)	-					
Name of Brian Ste	Associated ock	Broker or D	ealer									
				or Intends to States							🗆 All Sta	ites
[AL] (IL) [MT] [R1]	[AK] (IN) [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] {ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] (MO] ✓ [PA] [PR]
Full Nan Frost Ba	ne (Last nam nk	ne first, if in	dividual)									
			Number and	l Street, City as 78205	, State, Zip	Code)						
Name of Julia Wa	Associated rden	Broker or D	ealer									
				or Intends to States							🗖 All Sta	ites
[AL] [IL] [MT] [RII	[AK] [IN] [NE] ISCI	[AZ] [1A] [NV] [SD]	[AR] [KS] [NH] !TN]	[CA] [KY] [NJ] [TX] ✓	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ 300,000,000	\$_103,328,000,00*
	Convertible Securities (including warrants)	\$	\$
	Limited Partnership Interests	\$ 300,000,000	\$_103,328,000.00*
	Other (Specify)	\$	\$
	Total	\$_300,000,000	\$_103,328,000.00*
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	* Subject to the Gene	ral Partner's acceptance.
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	82	\$ 103,328,000.00
	Non-accredited Investors		\$
			\$
	Total (for filings under Rule 504 only)	\$	
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$
	Regulation A	N/A	s
	Rule 504	N/A	\$
	Total	N/A	\$
issue	a. Furnish a statement of all expenses in connection with the issuance and distribution of ecurities in this offering. Exclude amounts relating solely to organization expenses of the er. The information may be given as subject to future contingencies. If the amount of an inditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	Ø	\$None
	Printing and Engraving Costs	図	\$None
	Legal Fees	Ø	\$ 300,000
	Accounting Fees	ゼ	\$ <u>None</u>
	Engineering Fees	Ø	\$ None
	Sales Commissions (specify finders' fees separately)	$oldsymbol{oldsymbol{oldsymbol{arphi}}}$	\$None
	Other Expenses (identify)	lacktriangledown	\$ None
	Total	Ø	\$ 300,000

5.	b. Enter the difference between Question I and total expenses for difference is the "adjusted gross Indicate below the amount of the be used for each of the purposes furnish an estimate and check the listed must equal the adjusted groups Question 4.b above.	urnished in response to proceeds to the issue e adjusted gross processhown. If the amouse box to the left of the	o Part C - Question 4.a. The r."	is posed to own, payments		\$ <u>29</u>	9,700,000
	Question 4.6 above.				Payments to Officers, Directors, & Affiliates	Pa	lyments To Others
	Salaries and fees	*************	***************************************	☑ \$	6,000,000* *	፟ \$	* *
	Purchase of real estate		***************************************		None	☑ \$	None
	Purchase, rental or leasing and i	nstallation of machin	ery and equipment		None	☑ \$	None
	Construction or leasing of plant			•	None	 ✓\$	None
	Acquisition of other business (in this offering that may be used in issuer pursuant to a merger)	exchange for the ass	ets or securities of another	.	None	 ☑ \$	None
	Repayment of indebtedness			☑ \$	None	☑ \$	None
	Working capital			☑ \$	None	☑ \$ <u>29</u>	3,700,000
	Other (specify)			☑ \$	None	☑ \$	None
	Column Totals			☑ \$	6,000,000	☑ \$ <u>29</u>	3,700,000
	Total Payments Listed (column	totals added)			☑ \$ <u>29</u>	9,700,000	
invest: diliger	is anticipated that in the Fund's fi ment management and other expe ace relating to possible acquisition liated and non-affiliated persons.	nses, including forest	ry management fees paid by	the Fund, counsel a ational and operatio	and accountants for	ees and exp	penses, due
signat	suer has duly caused this notice to ure constitutes an undertaking by nation furnished by the issuer to a	the issuer to furnish t	o the U.S. Securities and Ex	change Commissio	n, upon written re		
	(Print or Type)	Signature	0 1		Date	C	
Sustai	nable Woodlands Fund II, L.P					April	, 2008
	of Signer (Print or Type)	Title of Signer (Pr	int or Type)	<u> </u>			
- eren	ny ladeliffe		Sustainable Woodlands Pa able Woodlands Fund II, L.I		ral		

		E	E. STATE SIGNA	TURE				
۱.	Is any party described in 17 CFR 2	30.262 presently subject	ct to any of the dis	qualification provi	sions of suc	h rule?	Yes	No ☑
		See Apper	idix, Column 5, fo	r state response.				
<u>)</u> .	The undersigned issuer hereby un 239,500) at such times as required		y state administrat	or of any state in w	hich this no	tice is filed, a	notice on F	orm D (17 CI
3	The undersigned issuer hereby un	dertakes to furnish to th	e state administrat	ors, upon written re	quest, infor	mation furnish	ed by the is	suer to offere
4.	The undersigned issuer represents Exemption (ULOE) of the state in of establishing that these condition	which this notice is file						
	issuer has read this notification and orized person.	knows the contents to b	e true and has dul	y caused this notice	e to be signe	d on its behal	lf by the un	dersigned di
	er (Print or Type) ainable Woodlands Fund II, L.P	Signature	1		Date	April 4	_, 2008	
Nam	e of Signer (Print or Type)	Title of Signer (Print	or Type)				<u>-</u>	
مہ	mu Dadeliffe	Authorized Agent, Su			., general			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPE	NDIX		<u>. </u>		
1	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C - ltem 1) Type of security and aggregate offering price and amount purchased in State (Part C-Item 2)							State UI attach ex waiver gra	5 cation under LOE (if yes, planation of nted) (Part E- em 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ		*	Limited Partnership Interest - \$300,000,000	1	\$250,000	0	\$0		No
AR									
CA		*	Limited Partnership Interest - \$300,000,000	23	\$10,025,000	0	\$0		No
со		*	Limited Partnership Interest - \$300,000,000	1	\$250,000	0	\$0		No
СТ									
DE		✓	Limited Partnership Interest - \$300,000,000	1	\$500,000	0	\$0		No
DC									
FL		*	Limited Partnership Interest - \$300,000,000	2	\$11,000,000	0	\$0		No
GA									
НІ	"						<u> </u>		
ID									
IL									
IN		*	Limited Partnership Interest - \$300,000,000	1	\$12,000,000	0	\$0		No
IA		,							
KS									
KY					:				
LA		*	Limited Partnership Interest - \$300,000,000	1	\$6,000,000				
ME									
MD		✓	Limited Partnership Interest - \$300,000,000	1	\$2,000,000	0	\$0		No
MA		✓	Limited Partnership Interest - \$300,000,000	1	\$5,000,000	0	\$ 0		No
MI		✓	Limited Partnership Interest - \$300,000,000	2	\$500,000	0	\$ 0		No
MN		✓	Limited Partnership Interest - \$300,000,000	4	\$1,150,000	0	\$0		No
MS		~	Limited Partnership Interest - \$300,000,000	3	\$20,000,000	0	\$0		No

•

•				APPE	NDIX				
1	Intend to non-accr investors (Part B-I	sell to redited in State	Type of security and aggregate offering price offered in state (Part C - Item 1		Type of and amount pu	f investor richased in State I-Item 2)		State UI attach ex waiver gra	5 cation under .OE (if yes, planation of nted) (Part E- em 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
МО		1	Limited Partnership Interest - \$300,000,000	1	\$250,000	0	\$0		No
MT									
NE		1	Limited Partnership Interest - \$300,000,000	11	\$2,198,000	0	\$0		No
NV	•	1	Limited Partnership Interest - \$300,000,000	4	\$1,550,000	0	\$0		No
NH									
NJ		1	Limited Partnership Interest - \$300,000,000	1	\$10,000,000	0	\$0		No
NM		✓	Limited Partnership Interest - \$300,000,000	1	\$500,000	0	\$0		No
NY									
NC		1	Limited Partnership Interest - \$300,000,000	1	\$250,000	0	\$0		No
ND									
ОН		1	Limited Partnership Interest - \$300,000,000	1	\$3,000,000				
OK		✓	Limited Partnership Interest - \$300,000,000	2	\$550,000	0	\$0		No
OR		1	Limited Partnership Interest - \$300,000,000	1	\$250,000	0	\$0	i	No
PA									
RI									
SC									
SD		<u> </u>							
TN		<u> </u>	Limited Desta						
TX		'	Limited Partnership Interest - \$300,000,000	17	\$15,355,000	0	\$0		No
UT		ļ							
VT		<u> </u>							
VA		ļ	Limited Bosts and in						
WA		/	Limited Partnership Interest - \$300,000,000	1	\$750,000	0	\$0		No
WV		<u> </u>							
WI									

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				APPE	NDIX	···			
1	Intend to non-accrinvestors (Part B-I	edited in State	Type of security and aggregate offering price offered in state (Part C - Item 1		and amount pu	f investor archased in State C-Item 2)		State UL attach exp waiver gran	5 cation under OE (if yes, planation of nted) (Part E- em 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No

Wells Fa												
	or Residence Street MAC			d Street, City E 68501	, State, Zip	Code)				•		
Name of Curt Lev	Associated	Broker or D	Pealer									
States in	Which Pers	on Listed H	as Solicited	or Intends to	o Solicit Pu	rchasers	·- · · - · ·					
(Ch	eck "All Sta	tes" or chec	k individual	States							. 🗆 All Sta	ates
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] ✓ [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
	ne (Last nam		dividual)									
Business 100 Wes	s or Residence	ce Address (treet, 4 th flo	(Number and or San Anto	d Street, City	, State, Zip	Code)						
	Associated	Hroker or D	ealer									
John Eac	die			or Intends to	o Solicit Pui	rchasers	<u></u>					
John Ead States in	Which Pers	on Listed H	as Solicited	or Intends to							. □ All Sta	ates
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John Ead States in (Ch [AL] [IL] [MT] [RI]	which Pers eck "All Sta [AK] [IN] [NE] [SC]	on Listed H stes" or chec [AZ] [IA] [NV] [SD]	as Solicited k individual [AR] [KS] [NH] [TN]	States[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	(DE) (MD) (NC)	[DC] [MA] [ND]	(FL) (MI) (OH)	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
John Ead States in (Ch [AL] [IL] [MT] [RI] Full Nar Wells Fa Business	die Which Pers eck "All Sta [AK] [IN] [NE] [SC] me (Last nam	on Listed H tes" or chec [AZ] [IA] [NV] [SD]	as Solicited k individual [AR] [KS] [NH] [TN]	States[CA] [KY] [NJ]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) (MD) (NC)	[DC] [MA] [ND]	(FL) (MI) (OH)	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
John Ead States in (Ch [AL] [IL] [MT] [RI] Full Nar Wells Fa Business P.O. Box	Which Pers eck "All Sta [AK] [IN] [NE] [SC] me (Last narr argo s or Residence x 4015 Roch	on Listed H tes" or chec [AZ] [IA] [NV] [SD] De first, if in ce Address (cester, NY 5	as Solicited k individual [AR] [KS] [NH] [TN] dividual)	[CA] [KY] [NJ] [TX]✓	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) (MD) (NC)	[DC] [MA] [ND]	(FL) (MI) (OH)	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
John Ead States in (Ch [AL] [IL] [MT] [RI] Full Nar Wells Fa Business P.O. Boo Name of Steve Gi	Which Pers Which Pers Eck "All Sta [AK] [IN] [NE] [SC] The (Last narrango or Residence x 4015 Roch Associated afford	on Listed H tes" or chec [AZ] [IA] [NV] [SD] De first, if in ce Address (cester, NY 5	as Solicited k individual [AR] [KS] [NH] [TN] dividual) (Number and 5903 bealer	[CA] [KY] [NJ] [TX]✓	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) (MD) (NC)	[DC] [MA] [ND]	(FL) (MI) (OH)	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
John Eac States in (Ch [AL] [IL] [MT] [RI] Full Nar Wells Fa Business P.O. Box Name of Steve Gi	Which Pers [AK] [IN] [NE] [SC] me (Last nameros or Residence 4015 Roch Associated afford Which Pers	on Listed H tes" or chec [AZ] [IA] [NV] [SD] De first, if in ce Address (cester, NY 5 Broker or C	as Solicited k individual [AR] [KS] [NH] [TN] dividual) (Number and 5903 Dealer	[CA] [KY] [NJ] [TX] d Street, City	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) (MD) (NC) (VA)	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR]	[ID] [MO] [PA] [PR]

Full Nan Wells Fa	ne (Last nam argo	ne first, if in	dividual)									
	s or Residenc Scottsdale F				y, State, Zip	Code)			-			
Name of Brad Ha	Associated ines	Broker or D	ealer									
States in	Which Pers	on Listed H	as Solicited	or Intends t	o Solicit Pur	chasers						
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[MT] (RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] √ [WI]	[OR] [WY]	[PA] (PR)
Full Nar	me (Last narr			,	(,	,			. ,		7	1
Business	<u>-</u> _				y, State, Zip	Code)						
Name of Jeff Sand	f Associated	Broker or D	ealer									
States in	Which Pers	on Listed H	as Solicited	or Intends t	o Solicit Pur	chasers						
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(AL) [IL]	[AK] [IN]	[AZ] [IA]	(AR) (KS)	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
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	ne (Last nam oon Group	ne first, if inc	dividual)		,					•		
	s or Residenc				y, State, Zip	Code)						
	Associated Henderson	Eroker or D	ealer									
States in	Which Pers	on Listed H	as Solicited	or Intends t	o Solicit Pur	chasers						·
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(AL) (IL)	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE]√ [MD]	[DC] [MA]	[FL] [M[]	[GA] [MN]	[HI] [MS]	[ID] [MO]
(MT) (RI)	[NE] [SC]	[NV] [SD]	[NH] [TN]	(NJ) [TX]	[NM] [UT]	[NY] [VT]	[NC]√ [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Nan Wells Fa	ne (Last nam argo	ne first, if inc	dividual)				<u>.</u>					· · ·
	s or Resident nroe Ctr, Sui				y, State, Zip	Code)						
	Associated Scholler	Broker or D	ealer		.		 		,			<u> </u>
States in	Which Pers	on Listed H	as Solicited	or Intends t	o Solicit Pur	chasers						
(Ch	neck "All Sta	tes" or chec	k individual	States			•••••			••••	. 🗆 All Sta	ites
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	(DE) [MD]	[DC] [MA]	[FL] [MI] ✓	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	(NM) (UT)	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

Full Nar Wells Fa	ne (Last nam argo	ne first, if in	dividual)									
	s or Resident acap St., 2nd				, State, Zip	Code)						
Name of Jim Bec	Associated htel	Broker or D	Dealer									
States in	Which Pers	on Listed H	las Solicited	or Intends to	Solicit Pu	rchasers						
(Ch	ieck "All Sta	tes" or chec	k individual	States		***************************************		• • • • • • • • • • • • • • • • • • • •	***************************************		🗖 All St	ates
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] ✓ [KY] [NJ] [TX]	[CO] {LA] {NM] [UT]	[CT] [ME] [NY] [VT]	(DE) (MD) (NC) (VA)	[DC] [MA] [ND] [WA]	(FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) [MS] [OR] [WY]	(ID) [MO] [PA] [PR]
Full Nar Wells Fa	ne (Last nam argo	ne first, if in	dividual)									
	or Residence St., 10th Flo											
Name of Dodd Co	Associated osgrove	Broker or I)ealer									
States in	Which Pers	on Listed H	las Solicited	or Intends to	Solicit Pu	rchasers						
(Ch	(Check "All States" or check individual States											
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] (NM (UT)	[CT] [ME] [NY] [VT]	(DE) [MD] [NC] ✓ [VA]	[DC] [MA] [ND] [WA]	(FL) (MI) (OH) (WV)	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] {MO] [PA] [PR]
Full Nan Wells Fa	ne (Last nam irgo	e first, if in	dividual)									
	or Residence alifornia Str				, State, Zip	Code)						
	Associated raft, CFA	Broker or D	Pealer									
States in	Which Pers	on Listed H	as Solicited	or Intends to	Solicit Pu	rchasers		<u>.</u>				
(Ch	eck "All Sta	tes" or chec	k individual	States	•••••				•••••	•••••	🗖 All Sta	ates
[AL] [IL] [MT] [RI]	[AK] [IN] [NE]√ [SC]	(AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM [UT]	[CT] [ME] [NY] [VT]	(DE) (MD) (NC) (VA)	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nan Wells Fa	ne (Last nam irgo	e first, if in	dividual)									
	or Residence ortgomery Str											
Name of Doug Ev	Associated vans	Broker or D	ealer									
States in	Which Pers	on Listed H	as Solicited	or Intends to	Solicit Pu	rchasers						
(Ch	eck "All Sta	tes" or chec	k individual	States		•••••••••	••••••		••••••		🗖 All Sta	ntes
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Full Name (Last name first, if individual) Wells Fargo												
	s or Residenc Santa Clara #				, State, Zip	Code)						
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	ness or Resider Montgomery S		-	•	-	Code)							_
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	iness or Reside: 4 Shatteck Ave.			a Street, City	, State, Zip	Code)							
	ne of Associated Corbat	l Broker or I	Dealer										
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